MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10704MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10685

\ L	Koy, Will									1. 140.				
)[PLACE OF DEATH o. COUNTY	Somerset		MA	RYLAND	2. USUAL RESIDENCE (V		d lived. If institut b. COUNTY)		
,	and give nearest town)	outside corporate limits, write		c. LENGTH OF STA	Y IN 1b	Rural Pri			RURAL and	give nec	arest town)			
ľ		AL OR INSTITUTION (I			ress)	d. STREET ADDRESS R.F.D.			1		e. IS RESIDE ON A FA YES NO	RM?		
						Lost 4. DATE Month OF DEATH Sept.				Day	Year 19 6	0		
3	S. SEX	6. COLOR OR RACE	7. MARRII WIDOWEI				.875	9. AGE (In years lost birthday) 85 yrs.	Months D	-	Hours Min			
1	Oa. USUAL OCCUPATION during most of working Waterman	N (Give kind of work of life, even if retired)	lone 10b. I	CIND OF BUSINESS O	R INDUSTI	Maryla Maryla		ountry)	12. CITIZI	U.	WHAT COU	NTRY?		
	13. FATHER'S NAME Thomas	Bozman				Melissa H		ı						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no of unknown) NO (If yes, give wor or dates of service) Raddress Brice Bozman, Monie, Md.													
	Conditions, if on gove rise to immed (o), stoting the ucouse lost.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate course (c), storing the underlying course lost.												
	20g EXTERNAL CALL	SE WAS 20				OT RELATED TO THE TERM			EN IN PART		PERFORME	DPSY DP		
	PRIMARY Or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m.		White	Not while	20e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	n, 20f. (City	or tawn)	(Coun	ty)	(St	tote)		
21. I certify that I took charge of the remains described above, held on Autopsy Inspection, deoth resulted from: Notural causes. Accident, Suicide, Homicide, Undetermined considerable, Chief Medical examiner ACTUAL SIGNATURE										Inquiry (1), and find that puse (1). DATE SIGNED 9/23/60				
	PREMOVAL (Specify)	9/24/60	F	22c. NAME OF CEMI	ETERY OR	CREMATORY		ion (City, town, or		ind	(Stote)			
12	3. FUNERAL DIRECTOR'S	SIGNATURE	en	ADDRESS Princes	s An	ne, Md DATE	D 8Y REGISTR		TRAR'S SIGN					

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To be under the property of the second of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Somerset

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

weeks

PERFORMED?

YES NO

(Stote)

(Stote)

(County)

20 vears

U.S.

Months

e. IS RESIDENCE

ON A FARM? YES NO

Yeor

1060

VS A15 (4) 15M 9/5B

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Eter death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

KECOKUS - BALTIMOKE I, MAKTLAND	
OF DEATH	
OF DEATH	

		10700	CERTIFICAL RESEARCH			MARYLAND		106	87		
1.	PLACE OF DEATH	Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset							
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, we earest tawn) Crisfield	c. LENGTH OF STAY IN 1b 2 Weeks	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Rhodes Point							
Š	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give so Hudson St.	treet address)	d. STREET AD	DRESS			ON	SIDENCE A FARM?		
-	NAME OF DECEASED (Type or print)	First NANNIE	Middle LOUISE	EVANS	4. DATE OF DEATI	Mon H Sept. 9		Day	Year		
S.	Female		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Aug. 31,	1912	9. AGE (In years lost birthdoy) 48 yrs.	Manths Do	-	_		
10c	during most of world Housewif	king life, even if retired)	10b. KIND OF BUSINESS OR INDI Own home	USTRY 11. BIRTHPLA Maryla		country)		SA	COUNTRY?		
3.	Wesley S	inea de		14. MOTHER'S A							
1S. (Ye	WAS DECEASED EVE s. no. or unknown) NO	R IN U. S. ARMED FORCES? (If yes, give war or doles of service) None		informant infred Eva	ns, Rhode	Addes Point,	Md.				
	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (c)										
MEDICAL CERTIFICATION	(0)										
MEDICAL C	Caunty C										
	21. I certify that (I) (this haspital) attended the deceased fram. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10										
	BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEMETERY 960 Calvary ME			ATION (City, town, les Point,	Maryla	and	ote)		
	FUNERAL DIRECTOR	The second secon	ADDRESS		250. REC'D BY REGI		STRAR'S SIGN				

TO HOSPITA VR A15 (4) 1SM 9/59

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VS. A15ME(5) 5M 9/55

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Reg. Dist. No. 10688

)	1. PLACE OF DEATH	LAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset											
	b. CITY OR TOWN (If and give nearest town)	cutside corporate limits, write Fairmount	RURAL	c. LENGTH OF STAY I		CCITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Fairmount								
	d. NAME OF HOSPITA	At Home	f not in hospi	tol, give street address)	d. STREET ADDRESS e. IS RESIGN A F								
	3. NAME OF DECEASED (Type or print)	DECEASED (Type or print) HERMAN WESLEY F						4. DATE OF DEATH	Mor Sept	tembe:	Doy r 21	21 19 60		
	5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	-	Date of Birth October		884	9. AGE (In years last birthday) 75 yrs	Months	Days	Haurs	ER 24 HRS Min.	
	10a. USUAL OCCUPATIO during most of workin Waterman	ON (Give kind of work of g life, even if retired)		eafood	NDUSTR			ar fareign o		12. C		F WHAT	COUNTRY	
-	13. FATHER'S NAME	William S.	Ford			14. MOTHER'S		ry K.	Ford					
1	15. WAS DECEASED EVI	R IN U. S. ARMED FOI (If yes, give wor or dotes of a	RCES? 16. SC	OCIAL SECURITY NO.		FORMANT Thomas	s Par	rks—F	Addre airmount		rylar	nd		
	Canditions, if as gave rise to immed (a), stating the acause last.	iate cause	A. Lu	ente Co	BUT NO	ray	de ar	ent.	Dicto	VEN IN P.	ONS	RVAL BETWIET AND DE	ATH POLICY OF THE POLICY OF TH	
)	PART II. OTH OIL OIL OIL OIL OIL OIL OIL OI	The County		10W INJURY OCCUR								PERFO YES [NO [
		Y Month, Day, Yea	While	Not while		E OF INJURY (H			or town)	(0	(aunty)		(State)	
	21. I certify th	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined couse . ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER												
	220. BURIAL CREMATION REMOVAL (Specify) BUT 12.1	Sept.23,		E. NAME OF CEMETER Fairmojint					mount, N	-		(State	•)	
	23. FUNERAL DIRECTOR: Brads	s signature haw & Sons-	Crisi	ADDRESS field, Mary	/lan			P 2 6 '6		ISTRAR'S				

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arthur S. Haus

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Somer set. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES INO Doy Year 60 19 IF UNDER TYPAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? Mrs. Llvyn G. Landing Princess Anne . Md. INTERVAL BETWEEN DISET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? NO (County) (State) and in my Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or county) REMOVAL (Specify) 960 St. Andrews ! Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10708 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY SOMERSET MARYLAND SOMERSET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) DDAYS RUMBLEYISFIELD d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE STREET ADDRESS OR INSTITUTION ON A FARM? MCCREADY MEMO. HOSP. EDW. YES NO NAME OF Middle 4. DATE Last Month Year DECEASED ELIZABETH CAROL. MEREDITH (Type or print) DEATH SEPTEMBER 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH lost birthdoy) Months FEMALE Days May 8. 1881 WIDOWED A DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewile At Home MARYLAND 13. FATHER'S NAME James Catlin Elizabeth Ann Lankford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give wor or dates of service) None No MEREDITH. RUMBLEY, MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while at work at work

21. I certify that I oftended the deceased from

22 19 Cohat I lost sow the deceased ond that death occurred at 3:30 Mafrom the couses and on the dote stated obove. ADDRESS (Street, city or town, stote)

ACTUAL PHYSICIAN'S

MARION, MARYLAND COULBOURN, M.D.

> 24a. REC'D BY REGISTRAR SEP 2 7 '60

DATE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

GEORGE

22c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery

22d. LOCATION (City, town, or county) Fairmount, Md.

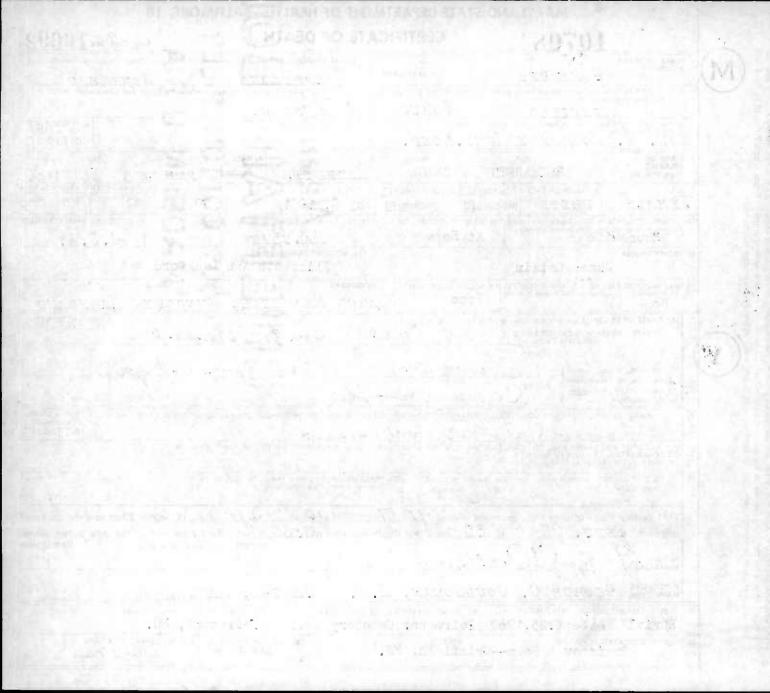
24b. REGISTRAR'S SIGNATURE arthur & House

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Bradshaw & Sons--Crisfield. Md.

VS A15 (4) 15M 9/5B



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director	8	V	'	a. COUNTY	~		MAR	YLAND	a. STATE	2.0		b. COUNT	Y			1011)
-	EN		-	L CITY OF TOWN	OMERSET (If autside carparote limit	k write	c. LENGTH OF STAY	V IN 1b	c CITY OF		YLAND	te limits, write		ERS		1
90	3	1)		RURAL and give r	earest tawn)			CARS	20	~			KUKAL GIIG	give neu	ilesi iowi	,
4	should be fr	/	-	d. NAME OF HOSPI	JR ISFIELI TAL (If not in hospital, g			CUM	d. STREET		SFIEL	D		- 1,	e. IS RES	IDENCE
,	10	1		_ OR INSTITUTION	CCREADY I			CD	/		N STR	היהיה			ON A	FARM?
2	puo	M		NAME OF	Fire ADI		Middl			0st	4. DATE		71			
0	-			DECEASED (Type or print)	90	sr	Middl	e	3.7		OF DEATH	01	onth	Doy		Year
13	Pages 1		-	SEX	J OHN	7	D NEVER MARR		NELS B. DATE OF BIR			. AGE (In year	EMBE.			19 60
1	4			SALE		WIDOWED			17/7/1/1	11100	7 90	lost birthdoy)	Months	Days	Haurs	Min.
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the attending physician and completely filled in	e rem 72 he		(Ye	(ES	(If yes, give wor or dates of se	rvice)	24-20-0131		es. Ev	FLYN	NELS	on, C	RISF	IEL	D,	M_D .
pue	leas				ATH [Enter anly one ca					0161			2011	INTE	RVAL BE	TWEEN
ō	E +			PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Co	ronar	7 6	Throm	60513		Per di		3-	4-6	lay.
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Dane	in o			gave rise to couse (o), stoting	mmediote (
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physician as been	tran		o N	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED 1	TO THE TERMIN	VAL DISEASE	CONDITION	IVEN IN PAR	T 1(a) 15	9. WAS	AUTOPSY RMED?
d sp	urial-transit smaval, and	0	CATIO													NO 🗌
nding	ar ren	V	CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY (OCCURRE). (Enter nature	af injury in P	ort I ar Part I	l of item 1B.)				
atte	as t		N. S.	20c. TIME OF INJU		r 20d. IN.	JURY OCCURRED	20e. PLA	ACE OF INJURY	(Home, form,	20f. (City o	r town)		County)		(State)
this ce	r use		MEDIC	Haur a.m. p.m.	19	While	Nat while ot work		tary, street, affi					,		(**************************************
Spil	- d-			21. I certify the	ngt I attended the	decease	d from		, 19	to		, 19	that I lo	ast saw	the d	eceasea
e he	che			alive an9	/3/60	, 19	, and tha	t death			Ryfram t	ne causes o	ind an the	e date	stated	abave
Z th	deto											et, city ar taw	n, state)		DAT	E SIGNED
by by	ld be priar	1		ACTUAL SIGNATURE	COR	au	les.		M.D	MAIN	S_{TRE}	ET				
D	plu r			PHYSICIAN'S						~		3.6				
RAL	page 3 shauld be detact the registrar priar ta bu			NAME (Type)	i. G. RAH	/LEY	M.D.			URIS	FIELD	, MAR	YLAN	D		
may be	reg.	1	220	BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEA	AETERY O	R CREMATORY			ON (City, tawn			(Stot	e)
may FL	pag	2]	BURIAL (Specify	SEPT.6,19	960	SUNNYRIDO	GE CE	METERY		CRISE	IELD, N	D.			
		1	23.	FUNERAL DIRECTOR			ADDRESS	1.00			BY REGISTR		GISTRAR'S SI			
A15	(4)	Dr.		BR	ADSHAW & SON	VSCI	RISFIELD,	MD.		DATE SE	P 1 3 '60	C	Lithur S.	Than	A	

10710

10694 Reg. Dist. No.

-	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY								
	SOMERSET	MARYLAND	MARYLAND SOMERSET								
5	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
	CRISFIELD	23 DAYS	WESTOVER								
	d. NAME OF HOSPITAL (If not in hospital, give street o		d. STREET ADDRESS e. IS RESIDENCE ON A FARM	.E							
H	EDW. W. MCCREADY MER	Mo.Hosp.	Box 137 - RFD #1								
	3. NAME OF First DECEASED (Type or print) WILLIAM	AUSTIN A	RAGAN 4. DATE Month Day Year OF DEATH SEPTEMBER 23 196	10							
	5. SEX 6. COLOR OR RACE 7. MARRII		B. DATE OF BIRTH 1869 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H								
	MALE WHITE WIDOWE		Jan. 29, 1879 lost birthdoy) Months Days Hours Min	n.							
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	Farming	TRY 11. BIRTHPLACE (State or foreign country) Conowingo, Md. 12. CITIZEN OF WHAT COUNT USA	RY							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Alexander Ragan		unknown								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO.	NFORMANT Address								
)	NO (If yes, give war or dates of service)	8-16-7127 Mrs	s. Beulah RaganR.F.D. Westover, Md.								
/	1B. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c).]	INTERVAL BETWEEN	N							
	PART I. DEATH WAS CAUSED BY: 1 office my regradity										
	DUE TO CILL	2000 1 - 1 / 1	hip' Decebrtice Vlew of Facus								
	[Canditions, if ony, which) (b) and Hell' Generally of left fort										
	gave rise to immediate DUE TO										
	cause (o), storing the under-	cause (o), stating the under. DUE TO									
	lying cause last. (c) Microse Constitution of Death But NOT BEATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTION TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION COVER IN BART YOU TO WAS AUTOPEN										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
	PART II. OTHER SIGNIFICANT CONDITIONS CO	up - ~ mone		4.							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar Parl II of item 18.)								
		JURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (Sta	ote							
	Haur a.m. p. m. 19 While at wark	IAOL MILLE	ctary, street, affice bldg., etc.)								
		p. m.									
	21. I certify that I attended the decease		accurred at 3 5 5 M. from the causes and an the date stated abo								
	alive an Augh 22 , 19 6	, and that death	ADDRESS (Street, city or town, state) DATE SIGN								
	ACTUAL On B	10. 0		,							
117	SIGNATURE 477. 13-d	en, M.D.	M.D. MAIN STREET 9/23/6								
	PHYSICIAN'S A. N. BARR,	M.D.	Crisfield, Maryland								
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)								
	Burial Sept.25,1960	Rehobeth Pres	sbyterian Cemetery Rehobeth, Md.								
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24- BEC'D BY DECISTRAD 246 DECISTRAD'S SIGNATURE								
	Bradshaw & Sons	Crisfield, A	DATE CED 2 7 '60								

TO STATE OF THE ST Bo note teat 10.7 Security and the second se THE REPORT OF THE PARTY OF THE ASSET TOTAL PLANE SECURE SERVICE STATE OF THE SECURE SECUR

Bradshaw & Sons, Crisfield, Maryland

arthur S. Kraus

DATE SEP 3 0 '60

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA

VR A1S (4) 1SM 9/S9

ter death. Page 4

	111709		CEKTIFI	CAII	E OF DE	AII			LLEY.		100	, 0 ()
1. PLACE OF DEATH o. COUNTY So:	merset		MARYLA		o. STATE	nce (who	The Party of the	lived. If institution b. COUNTY	-	nce befo		ion)
RURAL and give no	If outside corporate limeorest town)	its, write	c. LENGTH OF STAY IN	1 Ib	288	WN (For		ote limits, write R	URAL ond	give ne	erest town)
d. NAME OF HOSPIT OR INSTITUTION	Franklin l		oddress)		d. STREET ADD		nklin	Lane				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fin HENR	rst	Middle CHRISTOPI	HER	SOMER.	S	4. DATE OF DEATH	Septemb	er		5,	Year 1960
s. sex Male	6. COLOR OR RACE White	7. MARR	ELED ENEVER MARRIED DIVORCED		oren 8,	1877		9. AGE (In years lost birthdoy) yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS Min.
10o. USUAL OCCUPATION during most of work Waterma	king life, even if retired	1)	KIND OF BUSINESS OR Seafood	INDUSTR			or foreign co		12. CI	US	WHAT C	OUNTRY
13. FATHER'S NAME		= 3.11			14. MOTHER'S M	AIDEN N	AME					
Unknown					Unknow	wn						
1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s None	service)	SOCIAL SECURITY NO. 13-10-7263	Mrs.		Somer	rs, Cr	Addi		lan	d	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	- ^	ne for (o), (b), and (c).] Te itel. Hea	rit	- mai	lnu	trili	ni.		ON	ERVAL BE SET AND	DEATH
Conditions, if of gove rise to it couse (o), stoting	mmediate (of the	eachers of	1	femer	K.				2	5 w	las
lying couse lost. PART II. OTE	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO T	'HE TERMII	NAL DISEASE	CONDITION GIV	'EN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED?
20g. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	Patient				Port I or Port	II of item 1B.)	-3(
6 Hour o.m	Aug. 18 196	While of wor	M. 12 C	focto	E OF INJURY (Hory, street, office between the between	ome, farm oldg., etc.	11	or town) sfield		(County)		(Stote
			led the deceased fi 4 19 60, and t									
220. SIGNATURE	CeRai	ile	4	М.	ATTENDING PHYS.	ME DII		STAFF PHYS.				b. DATE SIGNED
22c. PHYStCIAN'S NAME (Type)	C. G. RAV	VLEY,	M. D.		22d. ADDRES	_	isfiel	d, Maryl	and			
23a. BURIAL, CREMATIC REMOVAL Specify BULLAL	Sept 28,		23c. NAME OF CEMET Mariner's					ield, Ma			(Stot	e)
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			250. REC'I	D BY REGIST	RAR 2Sb. REGI	STRAR'S S	IGNATU	RE	

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CEDTIEICATE OF DEATH

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	エル・エア	CERTIFICA	CIE OF DEATH	Reg. Dist	. No.
)	1. PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution, Residence b. COUNTY	e before admission) MERSET
	b. CITY OR TOWN (If outside corporate limits, write c, RURAL and give pearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	rporate limits, write RURAL and gi	ve nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street addr OR INSTITUTION	ress) 7E	d. STREET ADDRESS	S CAO	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ALTOX	Middle	ALUES 4. DAT	TH SE DY	Day Year 60
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [D Marie Marie D	8. DATE OF BIRTH Dec 7-1888		YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if refired)	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign	r cauntry 12. QTI	TEN OF WHAT COUNTRY
	13. EATHER'S NAME CALVIN TAWE	50	14. MOTHER'S MAIDEN NAME	GIB501X	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO. 17IP	LLA TAWES	S- WENO	NA MD
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	or (a), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate (D)	rterioscler	rosis of kidney	78	years
	lying couse lost. (c)	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PART	
	PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED). (Enter nature af injury in Port I or	Part II of item 18.)	PERFORMED? YES NO NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJUI While at work	Nat while foc	tory, street, affice bldg., etc.)		ounty) (State)
	21. I certify that I attended the deceased alive an Sept 5, 1960		accurred at 2A M, for	t = 5 , 1900 , that I loran the causes and an th	ost saw the deceased e date stated above
	ACTUAL SIGNATURE CONSTITUTE CONTROL CO	i Sitte	ADDRESS	s (Street, city ar tawn, stote) Ctor, Maryland	DATE SIGNED
	PHYSICIAN'S Everett C.Su.	tter MD			
	REMOVAL (Specify) Sept. 7-1960	2c. NAME OF CEMETERY OF	22d' LO	CATION (City, tawn, ar county)	m (Stofe)
1000	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	DATE OF D		

may be reld by the haspital ar attending physician.

O FUNERAL DACCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours offer death. may be reta VS A1S (4) 15M 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

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AUTUAND STATE DEVALUABLET OF HEALTH-BALTIMORE

VS A15 (4) 15M 9/55

	10712 CERTIFICAT	TE OF DEATH Reg. Dist. No. 10697
	1. PLACE OF DEATH OM ER SET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE BRYLAIN b. COUNTY Som ERSET
	b. CITY OR TOWN (If outside corporate limits, write RURAY and give nearest town) TANCE LIFETIME	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOME	d. STREET ADDRESS ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ARWILLA	ALLACE 4. DATE Month Day Year OF DEATH SEPT /2 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 1. MEGRO WIDOWED DIVORCED F	DATE OF BIRTH P. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS, Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ABBRER CAPPOD	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME OSCAR GALE - SR	14. MOTHER'S MAIDEN NAME TOMASHIA WRIGHT
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no. or unknown) VIII yes, give wor or dates of service) UNKNOWN FE	ELMA WALLACE - CHANCE-ME
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	1hrombosis interval between onset and death 6 nouns
	gove rise to immediate coese (a), stating the under-lying couse lost. (b) DUE TO Hypertems	ion 2 months
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO FAIR
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of work	E OF INJURY (Home, form, y, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased fram July 9 alive an Sept 9 , 1960, and that death o	1960, to Sept 12., 1960, that I last saw the decease occurred at 2. 184M, from the causes and an the date stated above
	ACTUAL SIGNATURE EROOM & Dauchoman M.	ADDRESS (Street, city or town, stote) 9, 15.6 PATE SIGNED.
	PHYSICIAN'S Eidon G. Morksman	Princess Anne mo.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22d NAME OF CEMETERY-ONE ST. CHARLES	METHOUSE CHANCE - MS
1	23. FUNERAL DIRECTOR'S SIGNATURE STADDRESS Slan	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATES EP 1 9 '60 Circling 8, Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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